

**Congress of the United States**  
**Washington, DC 20515**

March 10, 2021

Mr. Norris Cochran IV  
Acting Secretary, U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Acting Secretary Cochran:

We write to raise the urgent need of data on how COVID-19 is impacting the LGBTQ+ community. We strongly encourage the Department of Health and Human Services (HHS) to coordinate with internal leaders, state officials, and health systems to collect data on how the COVID-19 virus is impacting LGBTQ+ individuals, and to make data on vaccine distribution within the community publicly available.

The Centers for Disease Control and Prevention (CDC) recently released an in-depth study on the potential impact of COVID-19 on the LGBTQ+ population.<sup>1</sup> The findings conclude that the United States lacks “information on sexual orientation, hampering examination of COVID-19-associated disparities among sexual minority adults.”<sup>2</sup> This dearth of information is especially troubling given that those in the LGBTQ+ community have a higher prevalence of underlying conditions, including asthma, cancer, obesity, and stroke, associated with severe COVID-19 outcomes than heterosexual individuals.<sup>3</sup>

Data on the disparities in COVID-19 infections, treatment, deaths, and vaccinations within Black and Hispanic communities are increasingly being collected and made publicly available on the local, state, and federal level. While this is necessary progress, we cannot overlook the LGBTQ+ community, particularly the Black and Hispanic individuals within it. These individuals face compounding social and economic determinants of health that both worsen COVID-19 and increase distrust in the public health system.<sup>4</sup> In collecting health data, it is vital to build trust within these intersectional communities by ensuring their sensitive information is collected discretely and securely.

No patient should be required to identify themselves, given the longstanding stigma and discrimination faced by the LGBTQ+ community as well as the barriers to obtaining

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<sup>1</sup> Kevin Heslin and Jeffrey E. Hall, “Sexual Orientation Disparities in Risk Factors for Adverse COVID-19 Related Outcomes, by Race/Ethnicity - Behavioral Risk Factor Surveillance System, United States, 2017–2019,” Centers for Disease Control and Prevention (Centers for Disease Control and Prevention, February 4, 2021), [https://www.cdc.gov/mmwr/volumes/70/wr/mm7005a1.htm?s\\_cid=mm7005a1\\_w](https://www.cdc.gov/mmwr/volumes/70/wr/mm7005a1.htm?s_cid=mm7005a1_w).

<sup>2</sup> *Ibid.*

<sup>3</sup> *Ibid.*

<sup>4</sup> Samantha Schmidt, “LGBTQ People Face Higher Covid-19 Risks. But No One Knows the True Toll on the Community.”, *The Washington Post* (WP Company, February 19, 2021), <https://www.washingtonpost.com/dc-md-va/2021/02/17/lgbtq-covid-cdc/>.

compassionate care. However, if we do not even attempt to ask basic demographic questions, we are contributing to the erasure of the LGBTQ+ community at a time of significant vulnerability.

The data collected from this pandemic will provide lessons for emergency preparedness for years, if not decades, to come. If we fail to collect this data now, the LGBTQ+ community will likely be among the most vulnerable again when the next pandemic or health crisis hits.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink that reads "Ritchie Torres". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Ritchie Torres  
Member of Congress

Jan Schakowsky  
Member of Congress

Yvette D. Clarke  
Member of Congress

Alcee L. Hastings  
Member of Congress

André Carson  
Member of Congress

Pramila Jayapal  
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Nydia M. Velázquez  
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Grace Meng  
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